**Lifespan Program Proposal Form**

Please complete this form to describe the program you are interested in coordinating or supervising and submit it to Jane Dopheide (janedopheide4@gmail.com) This is for programming that is reflective, educational and /or spiritual in nature. If you have a suggestion for a social event or program, please contact a Congregational Life representative.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am: \_\_\_\_ submitting this as an idea \_\_\_\_\_I will coordinate the program but need someone to lead it

\_\_\_\_ I will manage and lead this program

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copyrighted? \_\_\_\_\_\_\_\_\_

Brief Description of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which UU Principle (s) does the program support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies Required:

Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_\_\_ Student expense: \_\_\_\_\_\_ Program Expense: \_\_\_\_\_

Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_\_\_ Student expense: \_\_\_\_\_\_ Program Expense: \_\_\_\_\_

Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_\_\_ Student expense: \_\_\_\_\_\_ Program Expense: \_\_\_\_\_

Space needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Audio visual needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of meetings: \_\_\_\_\_\_\_\_\_ Frequency of meetings: \_\_\_\_\_\_\_\_\_\_\_\_

Program Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications of Leader related to program topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minimum number of students: \_\_\_\_\_\_\_\_\_ Maximum number of students: \_\_\_\_\_\_\_\_\_\_

Audience - Adults: \_\_\_\_\_\_\_ Family: \_\_\_\_\_\_\_ Youth: \_\_\_\_\_\_\_ Children: \_\_\_\_\_\_\_\_

UUCB Members and Friends only: \_\_\_\_\_\_\_\_\_\_\_\_ Community-wide: \_\_\_\_\_\_\_\_\_\_

Please describe how this program will be promoted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_